



DEPARTMENT OF THE NAVY
NAVY RECRUITING DISTRICT OHIO
P.O. BOX 3990
COLUMBUS, OHIO 43218-3990

Canc frp: May 15

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5 JUN 2014

NAVCRUITDISTOHIO NOTICE 12000

From: Commanding Officer, Navy Recruiting District Ohio

Subj: CIVILIAN EMPLOYEE HEALTH AND WELLNESS PROMOTION PROGRAM

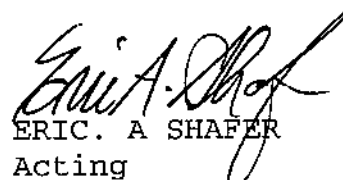
Ref: (a) OPNAVINST 6100.2A
(b) COMNAVCRUITCOMINST 12000.1

Encl: (1) Voluntary Waiver for Participation
(2) Informed Consent for Participation

1. Purpose. To establish comprehensive health and wellness policy for Navy Recruiting District (NRD) Ohio civilian employees.

2. Policy. References (a) and (b) provide Navy-wide and Navy Recruiting Command policies and procedures for the Health and Wellness Promotion Program. It is the policy of the Department of the Navy to maximize individual performance through programs of physical fitness, the maintenance of good health, and the prevention of disease. NRD Ohio will follow the same procedures delineated for Navy Recruiting Command headquarters personnel in reference (b).

3. Cancellation contingency. This notice remains in effect until reference (b) is modified or cancelled.


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Acting

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Voluntary Waiver for Participation

I, _____, request permission to participate in the Civilian Employee Health and Wellness Promotion Program at my own risk. In consideration of my acceptance, as a participant, I, for myself, my heirs, executors and administrators, waive and release any and all claims and rights for damages I may have or hereafter may accrue against the U. S. Navy, except for benefits normally accrued under Workmen's Compensation. I attest and verify that I am physically able to make part in this program. I am aware that I should consult a physician prior to undertaking any physical fitness program.

Signatures: Employee_____ Date_____

Witness_____ Date_____

Witness_____ Date_____

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Informed Consent for Participation

I, _____, desire to participate voluntarily in the Civilian Employee health and Wellness Promotion Program to improve my general well being to become a more productive, energetic, and supportive employee. I request participation to be effective _____.

I understand that this program:

1. Is voluntary.
2. Provides me an opportunity for exercise and Health and Wellness Promotion Education.
3. Enables me to exercise up to three hours per week. This will be three periods of 1 hour each or 2 periods of 1.5 hours each.
4. Includes my workout and clean-up time.
5. Empowers me to plan, execute, and manage my own exercise options within the imposed constraints listed above and my job workload.
6. Empowers my supervisor to know my exercise options and hold me to them.
7. Is only authorized at the Defense Supply Center Columbus Gym for civilians working at NRD Ohio Headquarters. Employees working outside of HQ will be handled on a case-by-case basis.
8. May not be used at the beginning or end of the day such that the work day is shortened. All civilians must report to work before and after exercising. The exception to this is if civilian PT is done in conjunction with command PT.
9. This privilege may be revoked by the first level supervisor for employees found abusing this program.

The periods I plan to use to "Workout" are as follows:

1. Monday Tuesday Wednesday Thursday Friday
(Circle the appropriate periods.)

2. During the hours of: _____ - _____

I further understand that I must report promptly to my supervisor any problems or constraints associated with my ability to participate in

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this program. I will work closely with my supervisor to ensure full understanding of my exercise options is sustained.

I have read and understand the entire contents of this consent form.

My questions have been answered to my satisfaction.

Employee: _____ Date: _____

Supervisor: _____ Date _____

Approved

Denied